

**MINUTES
of the
FIRST MEETING
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**May 23, 2014
Room 307, State Capitol
Santa Fe**

The first meeting of the 2014 interim of the Legislative Health and Human Services Committee (LHHS) was called to order by Representative James Roger Madalena, chair, on Friday, May 23, 2014, in Room 307 of the State Capitol in Santa Fe.

Present

Rep. James Roger Madalena, Chair
Sen. Gerald Ortiz y Pino, Vice Chair
Rep. Nora Espinoza
Rep. Doreen Y. Gallegos
Sen. Benny Shendo, Jr.

Absent

Sen. Gay G. Kernan
Rep. Terry H. McMillan
Sen. Mark Moores

Advisory Members

Sen. Sue Wilson Beffort
Sen. Craig W. Brandt
Rep. Nathan "Nate" Cote
Rep. Miguel P. Garcia
Sen. Daniel A. Ivey-Soto
Sen. Cisco McSorley
Sen. Bill B. O'Neill
Sen. Mary Kay Papen
Rep. Vickie Perea
Sen. Nancy Rodriguez
Sen. Sander Rue
Rep. Edward C. Sandoval
Rep. Elizabeth "Liz" Thomson

Rep. Phillip M. Archuleta
Sen. Jacob R. Candelaria
Rep. Sandra D. Jeff
Sen. Linda M. Lopez
Rep. Paul A. Pacheco
Sen. William P. Soules

Staff

Michael Hely, Staff Attorney, Legislative Council Service (LCS)
Rebecca L. Griego, Records Officer, LCS
John Mitchell, Law School Intern, LCS
Michelle Jaschke, Researcher, LCS

Guests

The guest list is in the meeting file.

Handouts

Copies of all handouts are in the meeting file, including those from the public comment period.

Friday, May 23**Call to Order**

Representative Madalena called the meeting to order at 9:45 a.m.

Welcome and Introductions

The chair welcomed members, staff and guests, noting that it was the start of the interim season and pledging to give full and diligent consideration to the many serious constituent concerns coming before the committee this year. Committee members and staff introduced themselves at the request of the chair.

Evidence-Based Interventions in Child Maltreatment; Foster Care

Charles Sallee, deputy director for program evaluation, Legislative Finance Committee (LFC), presented results from an LFC study of evidence-based programs designed to reduce child maltreatment. Mr. Sallee provided a handout to accompany his presentation. The study examines the cost of child maltreatment in New Mexico, assesses current child welfare system performance in the state and details what programs have been shown to effectively improve outcomes for children and families. Dr. Jon Courtney, program evaluator, LFC, joined Mr. Sallee to provide information on the Pew-MacArthur Results First Initiative.

Mr. Sallee provided an overview of the study, which shows that the state receives 33,000 reports of child abuse and neglect each year and conducts 18,000 investigations. About 6,500 cases of abuse or neglect are substantiated, and about 2,600 children have to be removed from their homes each year. Roughly 300 children need an adoptive family, and some 15 children die as a result of abuse or neglect each year. Mr. Sallee noted that strict state and federal regulations set up incentives for how money is spent for child protective services, with the bulk of available money spent for foster care and adoption services, the "back end" of the system. Preventive, or "front end", services receive very minimal funding by comparison.

Child abuse prevention services in the state are funded at less than \$1 million, while \$7.4 million is spent on in-home services reaching approximately 2,000 children. In contrast, the cost of foster care services exceeds \$36 million annually, and the cost of adoption for children who have to be removed from their homes is over \$30 million each year, roughly \$107,000 per child per adoption. Similarly, federal funding under the federal Title IV-B program provides under \$2 million to help keep children safely out of foster care, while the Title IV-E program provides \$27 million in matching funds to maintain children in foster care.

Mr. Sallee noted that a database spanning 2004-2012 provides the Children, Youth and Families Department (CYFD) with good information on what services are needed, as well as a means to examine the pyramid of system performance, which Mr. Sallee described for the committee, that runs from the 33,000 referrals received down to the numbers receiving foster care, adoption and in-home services. The pyramid reveals that questions remain about the disposition of some of the reported cases.

One of the main factors impacting child well-being in the state is poverty, Mr. Sallee reported. New Mexico also has a high rate of children who have had adverse childhood experiences that impact their social and emotional functioning as well as their future earning capacity. For a variety of reasons, the youngest children suffer the most maltreatment, and their early adverse experiences strongly predict the need for further state services. Mr. Sallee pointed out that intervention at the earliest stages can be very beneficial in preventing recurrent abuse, reducing system costs and improving long-term outcomes for children and families.

In assessing the state's performance, Mr. Sallee reported that over the past four years, child victimization rates in the state have risen, as have cases of neglect, while the number of sexual abuse cases has dropped slightly. The amount of time required to deal with cases of abuse and neglect has lengthened, with some offices performing better than others. The state ranks highest in the nation for the number of children with a drug-abusing caregiver involved in the child welfare system.

Given the many factors that impact child well-being in the state, including high rates of teen pregnancy, poverty and substance abuse, Mr. Sallee suggested that a focus for the committee should be to find ways to promote collaboration between the CYFD and other mission-critical state agencies. New Mexico should seek to employ remedies that have been shown to be effective based on the best research available nationwide.

Mr. Sallee covered a number of other topics related to system performance, including the high number of "frequent flyers", children who are repeatedly referred to the system over long periods of time, and those who suffer recurrent abuse. Over one-half of the children referred to the CYFD were re-referred, in some instances more than 20 times. He also noted that these children suffer many forms of toxic stress as a result of being in and out of foster care and that removing children from their homes is a traumatic event in itself. Many children will run away to return to dysfunctional families simply because those families are a known factor in a turbulent life. New Mexico compares poorly in national standards in preventing abuse recurrence.

With few resources currently focused on prevention, Mr. Sallee reported that New Mexico should look at other programs to reduce the number of referrals and child maltreatment, including a waiver that can be solicited from the federal government to rebalance federal funding to better address the front end needs of the system. Keeping children safely in their homes

reduces the high costs of foster care and adoption, decreases court intervention and helps families.

Mr. Sallee introduced Christine Boerner, a new budget analyst for the LFC, and asked Dr. Courtney to provide additional information regarding the evidence-based options that have been studied or are in place to improve outcomes for New Mexico children and families.

Representative Madalena noted that Representative James E. Smith had arrived at the hearing with students from a charter school in the East Mountains to observe the legislative process, and he and the committee welcomed Representative Smith and students.

Dr. Courtney reported on a national database of evidence of program effectiveness. The database enables a cost-benefit analysis of current New Mexico programs as well as other programs that could potentially be used in New Mexico to reduce cases of child abuse and neglect. The Nurse Family Partnership for low-income families currently operating in New Mexico has proven to be highly effective but lacks sufficient resources to serve the many families in need. The program promotes child development and seeks to improve parenting skills, targeting women pregnant with a first child. Overall, the program has documented a 26 percent reduction in recurrence of abuse and a 20 percent reduction in maltreatment.

Alternatives to traditional investigations and interventions, including the "Triple P", the Positive Parenting Program, which is designed to help keep children safely in their homes, have been proven to be highly cost-effective and to provide important help for families. Only one level of the five-level Triple P is currently operating in New Mexico. Studies of these programs show that families who accept alternative services see significantly lower rates of maltreatment and recurrence of abuse. Dr. Courtney encouraged the committee to use the data included in the study to assess the best practices for early intervention and prevention.

Mr. Sallee summarized the benefits of the evidence-based programs and the cost savings that alignment of resources with high-risk areas and homes can provide. He emphasized that first-born children are at risk and that many of the families involved have had contact with other agencies before they get to child protective services. He further described a need to leverage federal Medicaid dollars to help ramp up investment in preventive services and to look at all available resources and innovative ways to reallocate existing resources.

Recognizing that there is no "silver bullet" to remedy child maltreatment and recurrence of maltreatment, Mr. Sallee thanked the thousands of people who are working hard across the state to help children and families. Mr. Sallee described a fine line between too much and too little intervention by the state, as well as the difficult balancing act of resource allocation, cost-benefit analysis and program monitoring.

Representative Madalena also thanked those working in this field and promised the committee's support for efforts to improve services and provide help to children. He expressed

his desire to find ways to improve collaboration among state agencies. The chair introduced Yolanda Berumen-Deines, secretary, CYFD.

Secretary Berumen-Deines presented a response to the LFC report and noted that she would field questions after her presentation. The secretary thanked guests and committee members for their attention and concern. She stated that the CYFD has taken on a more collaborative approach and that it has felt a lot of pressure to demonstrate good outcomes for children and families. In addressing the issue of intervention, the secretary stated that intervention, not prevention, is the department's mandate. She further noted that because the department cannot prove a positive result from preventive services, funding sources skew services toward intervention. The secretary explained that early education efforts work to prevent maltreatment due to parent education, but there are children who do not come to early intervention programs or are already in the system.

Secretary Berumen-Deines described a new program to get social workers into at-risk homes. Currently, the CYFD cannot intervene with families unless children are removed from their homes. She commented that she feels removal is an assault on the children. Removing children from their homes is a legal and an emotional ordeal. Frequently, foster care parents are viewed by the children as evil because the children feel they have taken them from their families. In many cases, according to the secretary, removal creates additional problems. The secretary asked for the committee's help in delivering services to at-risk families, stating that the department currently does not have that ability.

Secretary Berumen-Deines lamented the fact that many families discontinue treatment options that may be available because the in-home treatments are demanding. This results in more recurrence and maltreatment. Many families have severe problems that are still insufficient to require child removal, and the department avoids removal because of the many associated problems and costs. With regard to rebalancing federal funding, the secretary indicated that the need for funding is great in the Title IV-E program (foster care services) because state resources do not exist once children are placed and the state needs federal help to cover costs.

Jared Rounsville, director, Protective Services Division (PSD), CYFD, addressed the committee to follow up on questions regarding protective services and thanked the secretary, Mr. Sallee and Dr. Courtney for all of the data they had presented. Mr. Rounsville observed that New Mexico is a poor state with a significant number of people struggling with substance abuse. In addition, the delivery of services is complicated by the rural nature of many areas of the state and the lasting effects of the economic downturn. These and other economic factors have impacted what happens to children and families as well as staffing for protective services. Mr. Rounsville pointed out that unless there is an appropriate service array across the state, improvements in outcomes for children and families will be difficult to achieve. He advocated a focus on capacity-building in rural New Mexico to assist children and families. At present, the PSD is struggling to meet needs at the investigation level and lacks resources for follow-up services.

Mr. Rounsville questioned how rural New Mexico can be assisted with home visiting and other services.

Representative Madalena agreed that many poor and rural areas of the state lack services and thanked the panel for seeking solutions to these difficult problems.

Mr. Sallee reminded the committee that the majority of all child welfare cases fall in the more heavily populated Rio Grande corridor. He suggested that the state look to the Department of Health (DOH) for nurses to do home visitation in rural areas and also noted that the state has two teaching universities with high profiles in rural areas that could be of help in building capacity in those areas. Instead of inventing new programs, Mr. Sallee proposed a focus on establishing and expanding model early intervention programs with proven cost-benefit effectiveness.

The chair thanked the panel and noted that he and other members of the committee had questions.

Dr. Courtney responded to questions about the Triple P, explaining that it is currently operating only in some counties and that many options for expansion are under consideration.

One member of the committee asserted that the value of early intervention has been well established following years of debate and study and that the pressing issue now is how to target resources and take responsibility for implementing successful early intervention programs. He welcomed the Pew-MacArthur Results First Initiative as an important tool for monitoring and assessing the effectiveness of child welfare programs. The member expressed a concern about insufficient funding for early intervention efforts, questioning whether the federal government had "caught up" in recognizing the importance of early intervention. Thanking the secretary for the information she provided, the committee member asked if a new cabinet-level agency should be established to focus on prevention and early intervention, if that is not the mandate of the CYFD. The member also expressed concerns about how families will be identified to participate in early intervention programs.

Mr. Sallee explained that in the case of the SafeCare program, the CYFD is responding to an initial report of abuse or neglect. A system of differential response may place a family in a category where the family can receive intervention services to prevent removal and recurrence. This differential response also keeps families from going from low risk to high risk and is a sort of triage system engaging the family in a partnership with providers. Mr. Sallee asserted that it is known that teen parents and poverty-stricken homes are at risk. These families may not be under child protective services but could be receiving services from other agencies where they could be identified as at risk. Where resources are placed should therefore be on a continuum related to when intervention is needed and can best be made available. Generally speaking, Mr. Sallee reported, families are brought to the attention of intervention programs after a first report of abuse or neglect.

Secretary Berumen-Deines commented that she liked the idea reiterated by one committee member of adding something to the system to promote intervention, but she suggested that perhaps another division of the CYFD, ahead of early education efforts, is the answer.

Another LHHS member thanked visitors and child welfare workers for the unimaginable amount of work they perform on behalf of the state's children and families. This member asked how the screening process for foster care still allows children to be placed with substance abusers.

A discussion ensued among the panel and committee members about screening processes. Secretary Berumen-Deines stated that some cases are screened out because the CYFD may not have enough information to even locate the family that has been reported, or there may be a non-custodial parent or other person involved, making follow-up difficult.

The committee member clarified that her question was related to the screening process for caregivers, asking how it is that children are placed with substance abusers. The member explained that she had read about placements with inappropriate caregivers.

Mr. Rounsville and Secretary Berumen-Deines reported to the committee that foster families are screened very rigorously and that the process is very invasive, including reference and background checks that pass through a panel of people. The reality, the secretary stated, is that circumstances change in foster care homes as well and that addiction issues can arise.

The committee member expressed extreme frustration with the fact that some children are still in a bad situation after 20 referrals to the CYFD.

Secretary Berumen-Deines responded that complaints may range from lack of food to a variety of other issues and that workers try to help families address whatever issues have arisen. The threshold for determining when to remove a child is very high, the secretary reported, and unless there is a law that mandates services to at-risk families, these families will likely continue to be unstable.

In response to a committee question regarding who is responsible for follow-up services, Mr. Rounsville indicated that once an investigation is completed, the CYFD does not have a legal right to monitor the family's affairs. He noted that the CYFD has an independent group of case reviewers who travel around the state to help caseworkers implement strategies to improve monitoring and services.

Committee members expressed concern about the number of referrals that appear to receive no initial response and/or no follow-up services. Secretary Berumen-Deines strongly recommended that the legislature pass a law that allows the CYFD to stay in families' lives to provide preventive services, and she acknowledged that she shares the committee's concerns in that area.

Mr. Sallee agreed that there is no record of what happened to those families that did not receive services. He also stated that many families reject services and that court-ordered services or a legislative mandate for services could be the answer in those instances. Mr. Rounsville noted that when risks are lower for families, they may be referred to services, but there is nothing to require that they follow through.

Discussion ensued about a pilot program for early intervention in Bernalillo County, but no information was available about why the program was discontinued.

One committee member noted that the CYFD already has its own evidence-based program successes. The member described the case of foster parents in the New Mexico system who took on some of the most difficult foster care cases, including children with fetal alcohol syndrome and other substance abuse-related issues. He suggested implementing a "boot camp" using experienced foster care parents to mentor other foster care parents and described a need to institutionalize the use of existing foster parents as training resources.

The committee was asked to welcome Deborah Armstrong, an unopposed 2014 candidate for District 17 of the New Mexico House of Representatives. One of the members noted Ms. Armstrong's strong qualifications to serve as a member of the LHHS. The member also thanked the panel and CYFD staff for their service and related her belief that the "sleeping giant" for child abuse and neglect in the state is substance abuse. More specifically, the member laid out the serious need for drug treatment facilities and services in the state. She advocated for new Medicaid provisions to pay close attention to the need for substance abuse treatment, as well as for expansion of the highly successful drug court programs in the state. She also suggested that new legislation should mandate drug testing as a follow-up to reports of child abuse and neglect and that perhaps getting a waiver for the use of federal funds in New Mexico could provide new treatment options.

Mr. Sallee acknowledged that about 29 percent of children taken into the system had a substance-abusing parent. Effective substance abuse programs are mission critical for all of these agencies, according to Mr. Sallee, particularly for reunifying families. However, he noted, substance abuse treatment programs do not lend themselves to a time line for early and successful family reunification.

Secretary Berumen-Deines stated that the CYFD has considered applying for the federal waiver but that the application is labor intensive and that staff are struggling to complete current initiatives and do not have time at present to put together the application.

In response to the committee's questions, panel members noted that the federal waiver only allows New Mexico to move existing money around; it is not a new fund. Moving money to the front end would be predicated on the hope that the federal government will help keep resources for foster care and adoption in place; however, the state is still responsible for

providing those services. Committee members noted that it would be the legislature's prerogative to provide additional general fund money to assist in these areas.

Questions arose as to why the presented screening numbers do not add up. Dr. Courtney responded that one difference in reporting is between individual children and families. Other reporting discrepancies were revealed to be due to re-victimization and differences between substantiated and unsubstantiated reports. One member asked if the high numbers of unsubstantiated reports and recurrent abuse indicate that caregivers get a free pass for child abuse and neglect unless the child is removed from the home.

Secretary Berumen-Deines agreed that this was, in essence, the case, as the CYFD cannot mandate that families receive services. Mr. Sallee responded to additional questions, indicating that the referral numbers can be broken down to provide more information. Discussion ensued about the high cost of adoption services. Children are entitled to an adoption subsidy, which adds up over time, and the cost of adoption negotiations is high, especially when children with special needs are involved. In addition, by statute, the process requires a lot of time.

When asked what factors influence recruiting staff for the CYFD, Secretary Berumen-Deines commented that retention is more of an issue than recruitment. Social work as a practice is not as difficult as facing the shocking circumstances of child trauma and difficult family circumstances on a daily basis. CYFD staffers are constantly responding to crisis situations and in fact require a crisis diffusion process at day's end. The secretary reported that the CYFD is also working on up-front assessment to let people know what they will be facing, as well as implementing an assessment once staff have been on the job for four months. Staff development is handled in-house. A major factor in retention is headhunting by managed care organizations, which can offer big salary incentives to the best and the brightest. The committee discussed loan repayment, stipend and tuition assistance programs as incentives to retain child welfare workers.

One member asserted that the CYFD is indeed charged with prevention and not just with intervention and removal. He spoke of a clear legislative intent to house prevention services in the CYFD. The secretary responded that current prevention efforts are housed in early childhood education. The member responded that it is within the secretary's purview to expand prevention to other areas.

Secretary Berumen-Deines stated that she hopes that the CYFD can expand prevention to other children, but commented that the federal mandate for prevention falls in the area of early childhood education. The committee member responded that the main thing to take away from this discussion is the need for capacity-building. He pointed out that a mandate for follow-up services would be empty if resources do not exist for behavioral health and other services. The CYFD participates in the Interagency Behavioral Health Purchasing Collaborative, and he noted that all of these children will be eligible for Medicaid. He asked if the CYFD has money placed with the collaborative for services not covered by Medicaid.

Secretary Berumen-Deines responded that non-Medicaid services dollars are spread thin, but she would like to bring those services back to the CYFD. She indicated that staff are working to build capacity in various communities and that the system-of-care network should be comprehensive.

The member thanked the secretary for trying to get behavioral health funding back to the CYFD to enable different means of using the money to secure the right services. He also noted that if abuse and neglect are substantiated, the possibility exists to have legal custody reside with the CYFD and physical custody with the parents, leveraging increased prevention possibilities. Mr. Rounsville responded that the CYFD wants to be able to intervene before taking legal custody.

Additional questions arose regarding the qualifications of staffers who analyze the need for removal of children. Mr. Rounsville explained that removal is a law enforcement decision. PSD staff must at a minimum have two years of experience in social work or a related field to make a recommendation. Law enforcement decisions are based on a uniform safety assessment, including the protective capacity or lack of protective capacity of parents.

Committee members further discussed when the CYFD is involved in custody decisions. It was noted that the CYFD is not involved in the instance of divorce custody. One member urged the committee to look at the qualifications of those making custody and removal decisions.

Mr. Sallee stated that he would look into the costs involved in ramping up the Triple P program across the state, including hiring more staff, at the request of a committee member.

The chair solicited questions from audience members.

Julianna Koob, New Mexico Coalition of Sexual Assault Programs, introduced herself and asked if the CYFD or the LHHS would look into the information on page nine of the report presented by Mr. Sallee, showing substantiated allegations of sexual assault at a near static rate across the past four years. Ms Koob pointed out that in contrast to the reported information, her organization has experienced an increase in the number of sexual assault cases. She further requested that the LHHS look at what is happening with funding for rape kits and rape crisis centers and that the LHHS review a prison rape reduction study.

Public Comment

Dick Mason, New Mexico Alliance of Health Councils, thanked the committee for funding used to hold community meetings around the state to assess health needs. The alliance would like to address the LHHS during the interim on the health councils' findings, including the need for funding for a range of prevention programs. Mr. Mason spoke specifically about county needs for pregnancy prevention funding and the need to consider the impact on the population's health of a full range of policies, not just those normally associated with health.

David Schmidt addressed the committee as both a representative of the Drug Policy Alliance (DPA) and as a private citizen. Mr. Schmidt stated that he is a registered lobbyist with the DPA and provided a handout to the committee. The DPA is concerned that the DOH has recently issued and released a lengthy proposed rule change regarding the medical cannabis program. The change is of great concern to patients, as it appears to further limit the supply of medical cannabis in the state. Further, the proposed rule change includes proposals to conduct background checks for medical cannabis patients and would enact patient fees to receive medication.

Mr. Schmidt pointed out that no other prescription medication requires a background check. In addition, the proposed rule change imposes numerous new producer restrictions. The DPA feels strongly that if producers cannot come up with an adequate supply, access will be further restricted and will steer patients to dangerous black market options. According to the DPA, no public or state advisory committee was involved in development of the proposed rule change. The DPA is requesting that the committee request postponement of the upcoming rulemaking deadline until adequate input can be gathered. Mr. Schmidt suggested that the LHHS hear rules before the rules go to the DOH. He asserted that without legislative involvement, this program would not be in place and that the new regulations are being developed by the DOH in-house without proper oversight or public comment.

A second issue the DPA hopes to bring before the committee during the interim is overdose prevention. Narcan, a drug carried by emergency personnel, has been proven to help prevent overdoses. A request has come before the legislature for the past two years to supplement funding for the DOH to make Narcan more widely available. Mr. Schmidt commented that the State of Massachusetts, with only half the number of overdose deaths as New Mexico, has declared a public health emergency regarding its rate of overdose deaths and that New Mexico needs to do more in the area of prevention.

Committee members asked what is driving the proposed medical cannabis rule change and why regulations are being promulgated without public input. Audience and committee members speculated about the interests being represented in the rulemaking process. Mr. Schmidt stated that he could not speak to the issue of whether or not the administration's intent was to eliminate the program, only to the fact that this will create hardships for patients.

One committee member stated that the DOH is already in violation of federal statute by not meeting patient needs for medical marijuana supply. The new regulations are so far reaching, he stated, that they create a new set of problems. Product testing is an important part of the process, but the new standards are so stringent as to preclude testing being conducted in New Mexico. The new regulations would also curtail the current "grow your own" provisions that help meet patient needs. It was noted that the state is moving in the wrong direction with the proposed rule change if it is statutorily mandated to provide an adequate supply for patients.

The issue of background checks particularly troubled committee members, as this would likely involve the state police. Clarification was provided that the background checks would now involve consumers and not just producers. It was generally agreed that there was some adverse reaction in the state to the recent changes in Colorado marijuana laws and that it would be advantageous to have more public comment and a more open hearing process to help everyone understand the issues.

The chair asked that the discussion be steered back to the audience to allow for public comment.

One committee member added that she is familiar with a medical marijuana producer in her district who had walked her through the entire process of growing and dispensing so that she could make an informed assessment of the proposed rule change. This member stated that the proposed rule change essentially rewrites what is currently in statute to create huge obstacles to an already well-regulated process. Not only are the changes extensive, she noted, but they have been made without public input and have huge implications for Alzheimer's patients and other difficult-to-serve populations. She added that the program includes other formulations of cannabis that benefit these consumers. At a minimum, the DOH should have sought input from program consumers and producers, the member stated, stressing that there are many controlled substances that are physician-prescribed but do not require a background check.

The LHHS agreed to return to the issue of writing a letter to the DOH regarding the rule change following public comment.

Mr. Schmidt stated that, as a private citizen, he would like to propose that the LHHS become a year-round committee, similar to the LFC and the Legislative Education Study Committee, with a full-time permanent staff. He noted that Representative Sandoval had previously proposed this approach.

Nat Dean, advocate for the disabled, addressed the committee regarding the proposed medical cannabis rule change. She stated that the changes that the DOH has proposed are enormous for producers and patients, and follow a seven-year effort on the part of many interested parties to establish the existing program. The new regulations were developed without input from stakeholders and would essentially shut down the program in New Mexico, according to Ms. Dean. Further, the existing New Mexico program has often been used as a model for other states because of its efficacy. In Ms. Dean's estimation, the proposed rule change would severely impact the ability to provide compassionate care. Ms. Dean asked the LHHS for an appropriate examination of realistic changes to the program. The current shortage of medical cannabis in the state requires an immediate response time on the part of patients to successfully order and make an appointment to secure a needed supply. This has the effect of forcing criminal activity, she explained, and limits the supply of product adequately tested for medical uses. She urged the LHHS to ask the DOH to delay making a ruling until input can be heard.

A member of the audience showed the committee a copy of the proposed rule change with pages and pages of changes highlighted in red ink. The chair proposed that members get copies from the internet.

Sabrina Montoya, New Mexico Highlands University, read a statement on human trafficking, referring to it as modern-day slavery. She reported that individuals of all ages and gender are trafficked for sexual exploitation and asked that the LHHS include human trafficking in its interim discussions and legislative planning.

The LHHS members cautioned audience members to ensure that their definition of human trafficking covers people who are not protected by current laws. Ms. Montoya and her associate asked for further guidance from the committee in this regard, and members responded that it is important to find new ways to protect people who are being criminalized.

It was noted that this issue would be included in the LHHS's work plan. Committee members recalled that some legislation had been passed recently with regard to human trafficking, and Ms. Montoya explained that recent legislation included the posting of numbers for victims to call for help, as well as changes to the Criminal Code. The advocates would like to see new legislation to increase fines and seize assets to be used to help victims and to maximize how the system serves young children to limit victimization. Committee members suggested coordinating with the Courts, Corrections and Justice Committee (CCJ). The chair informed the committee that it would be holding a joint meeting with the CCJ during the interim, although Mr. Hely noted that human trafficking is not on the agenda for the joint meeting.

Susan Loubet of the New Mexico Women's Agenda outlined three areas of study she proposed to bring before the LHHS during the interim: the service needs of sexually exploited children; the negative impact of changes in reporting requirements for the Temporary Assistance for Needy Families (TANF) program; and the need to consider funding for sexual assault programs in order to respond to federal mandates.

Pamela Blackwell, project director for rural health access, Health Action New Mexico, asked to present information to the LHHS during the interim on dental services in the state. She provided a brief update on programs in Alaska, Maine and Minnesota, which use dental therapists to help meet dental needs in rural areas. She expressed her hope to provide good economic and practice-related information from the other states' programs to the committee during the interim. Ms. Blackwell thanked the committee for its previous support and discussed clarifying some provisions of the proposed legislation regarding dental therapists with committee members.

Ms. Blackwell also addressed the LHHS on behalf of the Telehealth Alliance. She proposed having professionals and experts present information to the committee during the interim on the overarching issue of telehealth, as well as providing a real-time demonstration of

how telehealth works. She also hopes to discuss the impact of telehealth on behavioral health issues.

Bill Jordan, New Mexico Voices for Children, presented the new Kids Count publication information, reporting that New Mexico had dropped to "dead last" in child well-being in the nation. He lamented that neither the legislature nor the governor has come forward with any legislation to address New Mexico's standing as worst in the nation in measures of child well-being. Mr. Jordan pointed out that thousands fewer families are now receiving child care and Medicaid services and that only a few million dollars are needed to address the wait for child care.

Mr. Jordan asserted that the state is not adequately addressing higher education needs and reportedly had the fifth-deepest cuts in the nation to K-12 spending. He also noted that the state is spending 14 percent less on youth suicide prevention services for families. Although the recession has been tough, he commented, the state still found money for tax cuts. Mr. Jordan placed New Mexico last in the West in job growth, suggesting that tax cuts had not benefited the state in that area. He asked that the LHHS look closely at child poverty issues, including the following: stop giving away revenue and try to "backfill" services for children and families; increase funding for early childhood education during the extended amount of time it will take to establish adequate child abuse and neglect prevention services; and increase funding for K-12 education. Mr. Jordan also reported that poor families are paying twice the rate of taxes as other families, an unfair tax burden.

Stating that the LHHS should be expanded to a full-time, year-round committee, Mr. Jordan further explained that the state needs to support children and families to promote job growth. He urged the committee to "move the needle" on child well-being in New Mexico.

Committee members addressed questions to Mr. Jordan regarding the relative importance of scoring New Mexico in child well-being measures and whether his references to giving away money referred to tax cuts.

Mr. Jordan asserted that the tax cuts made under former Governor Bill Richardson's administration and corporate tax cuts were at issue and that the corporate tax cuts had eliminated \$200 million in tax revenue. In measuring child well-being, he stated, New Mexico has never been above fortieth in the nation, declaring that the state's policies have driven New Mexico to the very bottom in this regard. He urged the committee to recognize the correlation between child welfare and poverty.

LHHS members spoke of the Children's Health Insurance Program (CHIP) proposal for school-based health clinics and proposed that the information on child care program efficacy be shared with the LFC. Members expressed the need to get younger children into better child care and spoke of their concern that these complicated issues be addressed with a spirit of cooperation.

Ruth Hoffman, Lutheran Advocacy Ministry, asserted that poverty is the "elephant in the room" and that moving the elephant out requires programs to meet immediate needs. She suggested public policies to address poverty issues, as well as outreach for the Medicaid expansion effort, explaining that Medicaid expansion can have a huge impact on those in need if rolled out effectively.

Ms. Hoffman echoed the sentiments of other presenters with regard to the relaxed mandate of the TANF oversight committee and lauded placement of that issue in the committee's work plan. She noted that the high rates of hunger and homelessness in the state are a direct result of poverty and hoped to work with the LHHS during the interim to address these issues. Ms. Hoffman joined Mr. Jordan and Mr. Schmidt in calling for establishment of the LHHS as a permanent committee.

A representative of the New Mexico Art Therapy Association requested the committee's support to bring legislation forward to enable reimbursement for art therapists in the behavioral health field. She noted that this would bring compensation for these therapists into line with similarly qualified professionals and expand services to special populations.

Susana Burke, J. Paul Taylor Early Childhood Task Force and PB&J Family Services Inc., spoke about the importance of identifying high-risk children and reducing the risk of maltreatment by mandating follow-up on unsubstantiated reports, in addition to expanding the network of services.

The PB&J program has documented a very good recidivism rate through the services it provides in the Corrections Department, according to Ms. Burke. She also reported that the corrections system is an enormous access point for early intervention in the areas of parenting and child safety. She strongly advocated efforts to promote interagency cooperation to promote child well-being and asked for the committee's support for mental health diagnostic services for very young children.

Committee members acknowledged the importance of hearing from the J. Paul Taylor Early Childhood Task Force and welcomed the opportunity to hear from a panel of child mental health care providers during the interim.

Jeremy Rutherford, representing the March of Dimes, addressed the committee, stating that his sole purpose in attending the hearing was to thank the members for the committee's special support for the March of Dimes.

2014 Legislative Highlights

Mr. Hely opened his remarks by reading a response he had received during the lunch hour from the DOH relative to the committee's concerns about the medical cannabis program rulemaking. The response stated that the draft rules were released per promulgation requirements for the purpose of allowing public comment and that the DOH had been receiving public

comment. Further, the response noted that a public hearing regarding the proposed rule change was scheduled for June 16 from 9:00 a.m. until 12:00 noon in the Harold Runnels Building, 1190 S. St. Francis Drive, Santa Fe. In addition, the response stated that the public comment time frame goes beyond the required 30 days.

Mr. Hely provided a recap of health and LHHS-related legislation from the 2014 regular session. The information memorandum he provided regarding the 2014 legislation may be found in the handouts. A total of 11 health- or human services-related bills, nine of which were endorsed by the committee, were passed by the legislature and signed into law by the governor. Two bills were passed by the legislature but vetoed by the governor. Mr. Hely also reviewed memorials that were passed relating to health and human services and other major pieces of legislation that did not pass.

The committee asked that a correction be made to the summary with regard to legislation sponsored and passed during the 2014 session. Mr. Hely stated that the correction would be made, and the committee asked to move to the proposed work plan.

Mr. Hely reviewed a comprehensive proposed 2014 interim work plan for the LHHS to include hearing testimony from the Human Services Department regarding Medicaid and the Centennial Care program, a variety of issues related to children and families and a range of public health issues. The work plan, which may be accessed in the handouts, also includes a joint meeting with the CCJ.

The committee requested that several additional items be included in the work plan as follows: investigate jurisdictional problems in boarding homes for people living with mental illness; assess network adequacy related to prevention of child maltreatment; outline caregiver roles and policies; hear testimony on the issues of homelessness, dental therapy and sexual assault, including sexual assault in correctional facilities; consider school-based health care legislation; examine allowing confidentiality of health data for children over the age of 14; include health care in all areas of policy consideration; review the Program of All-Inclusive Care for the Elderly or "PACE"; review the issue of advance directives; include the Brain Safe Project in the scheduled University of New Mexico pain-management presentation; and consider the Oregon death-with-dignity model.

The committee also agreed to separate the budget hearings from policy hearings to enable a more timely and effective review of budget items. Members debated what should be included in the letter to the DOH regarding the medical cannabis rule change and agreed to have Mr. Hely draft a letter to the DOH requesting that the public comment period be extended and that the formal process used to develop the rule change be elucidated. It was agreed that member comments for the letter were to be provided to Mr. Hely by Friday, May 30.

The chair agreed to incorporate the proposed changes in the work plan and directed Mr. Hely to proceed with the letter to the DOH as agreed by LHHS members.

Mr. Hely reviewed the proposed meeting schedule. The chair asked that the October 20, 2014 meeting scheduled for Santa Fe be conducted at the nearby Pueblo of Santa Clara. There were no objections, and Senator Ortiz y Pino moved to adopt the work plan and schedule as amended. Representative Gallegos seconded the motion, and the motion passed unanimously.

There being no further business, the LHHS adjourned at 4:15 p.m.